6T. Health Monitoring and Surveillance during Response Operations

Deepwater Horizon Health Hazard Evaluation Survey

1.

Form Approved
OMB No. 0920-0260
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Date _____ **NIOSH Health Hazard Evaluation on the Oil Spill**

Name	Age	☐ Male ☐ Female	Race/Ethnicity ☐ White ☐ Black ☐ Asian ☐ Hispanic ☐ Other

Are you a:
☐ BP employee ☐ Contractor employee
☐ Coast Guard ☐ Other_____

Name of Current Employer during this Oil Spill Event

List your Usual Job before this one.

Number of days working on the Oil Spill Activities:

Have you had exposure to:

	Not at All	A Few Days	Almost Every Day	Daily
Oil	☐	☐	☐	☐
Dispersant	☐	☐	☐	☐
Cleaners	☐	☐	☐	☐
Dust	☐	☐	☐	☐

Do you have any of the following symptoms? (Please put a checkmark next to all that apply)

☐ Scrapes or cuts
☐ Burns by fire
☐ Chemical burns
☐ Bad sunburn

☐ Headaches
☐ Dizziness
☐ Feeling faint
☐ Fatigue/exhaustion
☐ Weakness

☐ Itchy eyes
☐ Red or irritated eyes
☐ Nose irritation
☐ Nose bleed
☐ Sinus problems
☐ Sore throat
☐ Metallic taste

Any Other symptoms:

☐ Cough
☐ Trouble breathing
☐ Short of breath
☐ Chest tightness
☐ Wheezing

☐ Fast heart beat
☐ Chest pressure
☐ Nausea
☐ Vomiting
☐ Stomach cramps
☐ Diarrhea
☐ Itchy skin
☐ Red skin
☐ Rash
☐ Hot and dry skin

Do you smoke cigarettes?
☐ Yes
☐ No

Do you have any health problems ?
☐ Allergies
☐ Lung Problems
☐ High blood pressure
☐ Diabetes
☐ Dermatitis or skin rash

☐ Neck pain
☐ Shoulder pain
☐ Hand pain
☐ Back pain

☐ Feeling worried/stressed
☐ Feeling pressured
☐ Feeling depressed / hopeless
☐ Feeling short tempered
☐ Frequent changes in mood

Have you:
☐ Had skin contact with the oil
☐ Experienced disturbing odors

Check any training you have had for this event:
☐ No training yet
☐ 45 minutes of training
☐ 4 hours of training
☐ Haz-MatTraining
☐ Other